

09/902064

ISSUE SLIP STAPLE AREA for additional cross reference

POSITION	INITIALS	ID NO	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	A T		
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

☒ Rejected
☐ Allowed
☐ (Through numerals) Canceled
☐ Restricted

Claim	Date	Claim	Date
1		51	
2		52	
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